

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10672978 FILING DATE _____
APPLICANT(S) _____

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | 2 | | | | |
| 5 | 1 | | | | | |
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| 12 | | 4 | | | | |
| 13 | 1 | | | | | |
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| 18 | | 10 | | | | |
| 19 | 1 | | | | | |
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| TOTAL IND. | 4 | | | | | |
| TOTAL DEP. | 30 | | | | | |
| TOTAL CLAIMS | 34 | | | | | |

| | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |